HOUSE BILL 191

45TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2002

INTRODUCED BY

Edward C. Sandoval

AN ACT

RELATING TO EMERGENCY MEDICAL SERVICES; CREATING THE CARDIAC ARREST RESPONSE FUND; AMENDING AND ENACTING SECTIONS OF THE NMSA 1978; MAKING AN APPROPRIATION.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. A new section of the Cardiac Arrest Response Act is enacted to read:

"[NEW MATERIAL] CARDIAC ARREST RESPONSE FUND CREATED .--

A. The "cardiac arrest response fund" is created in the state treasury. All fees collected pursuant to the Cardiac Arrest Response Act shall be deposited in the fund. Money appropriated to the fund or accruing to it through gifts, grants, fees or bequests shall be deposited in the fund. Money in the fund shall not revert at the end of any fiscal year. Disbursements from the fund shall be made upon warrants drawn by the secretary of finance and administration

pursuant to vouchers signed by the secretary of health or his authorized representative.

B. The injury prevention and emergency medical services bureau of the department shall administer the fund and money in the fund is appropriated to the department to carry out the purposes of the fund. The bureau shall distribute the fund pursuant to recommendations of the statewide emergency medical services advisory committee.

Money from the fund shall be used for the purchase and distribution of and training in the use of automated external defibrillators and semiautomatic defibrillation devices in all appropriate state and local government buildings, facilities and vehicles. No more than ten percent of the fund may be used by the department for administrative costs, public education and program promotion."

Section 2. Section 24-10B-4 NMSA 1978 (being Laws 1983, Chapter 190, Section 4, as amended) is amended to read:

"24-10B-4. BUREAU--DUTIES.--The bureau is designated as the lead agency for the emergency medical services system and shall establish and maintain a program for regional planning and development, improvement, expansion and direction of emergency medical services throughout the state, including:

A. design, development, implementation and coordination of communications systems to join the personnel, facilities and equipment of a given region or system that will allow for medical control of pre-hospital or interfacility

care;

- B. provision of technical assistance to the public regulation commission for further development and implementation of standards for certification of ambulance services, vehicles and equipment;
- C. development of requirements for the collection of data and statistics to evaluate the availability, operation and quality of providers in the state;
- D. adoption of [regulations] rules for medical direction of a provider or emergency medical services system upon the recommendation of the medical direction committee, including:
- (1) development of model guidelines for medical direction of all components of an emergency medical services system;
- (2) a process for notifying the bureau of the withdrawal of medical control by a physician from a provider; and
- (3) specific requirements for medical direction of intermediate and advanced life support personnel and basic life support personnel with special skills approval;
- E. maintenance of a list of approved emergency medical services training programs, the graduates of which shall be the only New Mexico emergency medical services students eligible to apply for emergency medical technician licensure or certified emergency medical services first

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responder certification;

- F. approval of continuing education programs for emergency medical services personnel;
- G. adoption of [regulations] rules pertaining to the training and certification of emergency medical dispatchers and their instructors;
- H. adoption of [regulations] rules, based upon the recommendations of the trauma advisory committee, for implementation and monitoring of a statewide, comprehensive trauma care system, including:
- (1) minimum standards for designation or retention of designation as a trauma center or a participating trauma facility;
- (2) pre-hospital care management guidelines for the triage and transportation of traumatized persons;
- (3) establishment for interfacility transfer criteria and transfer agreements;
- (4) standards for collection of data relating to trauma system operation, patient outcome and trauma prevention; and
 - (5) creation of a state trauma care plan;
- I. adoption of [regulations] rules, based upon the recommendations of the air transport advisory committee, for the certification of air ambulance services;
- J. adoption of [regulations] rules pertaining to authorization of providers to honor advance directives to

withhold or terminate care in certain pre-hospital or interfacility circumstances, as guided by local medical protocols;

- K. development of guidelines, with consultation from the state fire marshal, pertaining to the operation of medical-rescue services within the emergency medical services system;
- L. operation of a critical incident stress debriefing program for emergency responders utilizing specifically trained volunteers who shall be considered public employees for the purposes of the Tort Claims Act when called upon to perform a debriefing; [and]
- M. adoption of rules to establish a cardiac arrest targeted response program pursuant to the Cardiac Arrest Response Act, including registration of automated external defibrillator programs, maintenance of equipment, data collection, approval of automated external defibrillator training programs and a schedule of automated external defibrillator program registration fees; and
- N. administration of the cardiac arrest response fund pursuant to the Cardiac Arrest Response Act, making distributions for the purchase and distribution of and training in the use of automated external defibrillators and semiautomatic external defibrillation devices in all appropriate state and local government buildings, facilities and vehicles."

Section 3. APPROPRIATION.--Ten thousand dollars (\$10,000) is appropriated from the tobacco settlement program fund to the cardiac arrest response fund for expenditure by the department of health in fiscal year 2003 and subsequent fiscal years for the purchase and distribution of and training in the use of automated external defibrillators and semiautomatic defibrillation devices in all appropriate state and local government buildings, facilities and vehicles. Any unexpended or unencumbered balance remaining at the end of a fiscal year shall not revert to the tobacco settlement program fund but shall remain in the cardiac arrest response fund.

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